Application or Docket Number													
PATENT APPLICATION FEE DETERMINATION RECORD													
• Effective October 1, 2000 09726736												Z26.	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALLE TYPE [NTITY	OR	OTHER SMALL	THAN	
TO	OTAL CLAIMS							RATE	FEE	1	RATE	FEE	ĺ
FOR amulfa			NUMBER FILED N			NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	1
TOTAL CHARGEABLE CLAIMS			22 minus 20=		. 2			X\$ 9=		OR	X\$18=	36.00	
INE	DEPENDENT C	LAIMS	/ minus 3 =		•			X40=		OR	X80≂		1
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+135=		OR	+270=		1
* If the difference in column 1 is less than zero, enter "0" in column 2									-	OR	Ļ	Ŧ46	ł
CLAIMS AS AMENDED - PART II									<u> </u>] O, ,	OTHER		1
<u> </u>		(Column 1)	(Column 2) (Column 3			(Column 3)		SMALL	ENTITY	OR	SMALL		
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	.26	Minus	ز	22	= 4/		X\$ 9=		OR	X\$18=	22	12
AME	Independent	1. 2	Minus .	<u> </u>	3	- 0		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		1
	•						ı	TOTAL		ΛD	TOTAL ADDIT, FEE		1
リン	/	(Column 1)		(Colui	nn 2)	(Column 3)		addit. Fee	•		AUUII. PEEI		1
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT	•	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N Q N	Total	·26	Minus	/	0	=		X\$ 9≈		OR	X\$18=		İ
VME	Independent	· 2	Minus		<u>3</u>]=		X40=		OR	X80=		
	FIRST PRESE	ا ا	+135=		OR	+270=							
							L	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		/ (Colur	nn 2)	(Column 3)	ĺ				ADDIT. FEEL		
MENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BEA DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	1	RATE	ADDI- TIONAL FEE	
	Total		Minus	**		=		X\$ 9=	•	OR	X\$18=	1 44	
AMEN	Independent	ļ.	Minus			_	╽┠	X40=			X80=		
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		╿┝	740=		OR	X60=		
+135=										OR	+270=		
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE		
		mber Previously Pai					t four	nd in the app	ropriate box	in col	⊔ma 1.		
FORM	PTO-875								. 1.0% 11	2 252	107115177.05	COMMERCE	l